

DYSON

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 7 — 0 2 3

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 22, 1997

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

N/A

7. FEDERAL BUDGET IMPACT:

a. FFY N/A \$

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Section IV, Page 24b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-D, Section IV, Page 24b

10. SUBJECT OF AMENDMENT:

Change timeframes for CQIP year.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James K. Haveman, Jr.

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, MI 48909-7979

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/19/97

18. DATE APPROVED:

6/6/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12-22-97

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND Children's Health

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Michigan**

**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
(LONG TERM CARE FACILITIES)**

less, times the CQIP percentage. The percentage of payment will be based on yearly project review results of the CQIP.

3. **Short CQIP Year and Transition**

The 1997-98 CQIP year is a short program year. The end of the program year has been changed from October 31, 1998 to May 31, 1998. During this seven month time frame facilities must begin and finish at least one complete project. This means that during the seven month time frame the facility must, for its project(s), begin and complete assessment, planning, implementation, and evaluation. The due date for the 1997-98 required final report(s) has been changed to June 15, 1998. Facilities who do not start and finish all four parts of at least one project during the short year will lose the incentive payment for at least 12 months, effective October 1, 1998.

A new program schedule begins in 1998-99. The 1998-99 program year changes from November 1 through October 31 to June 1 through May 31. This change in program year will allow the MSA to provide future payment for CQIP on a prospective basis.

E. **Excellence Recognition Program**

An excellence award program will begin October 1, 1991. Facilities may submit applications documenting the excellence of care provided and innovations in care delivery. Applications will be reviewed by an expert panel. The panel will include representative family members, advocates, providers, and appropriate state agencies. Recognition will be made once a year based on review of submitted applications. A monetary award of up to \$10,000 may accompany recognition. The monetary award will not be considered an offset to allowable costs.

F. **Husband and Wife Exception**

Whenever a husband and wife (or blood relatives) are being cared for in the same facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the patient's medical record). If either requires nursing care, the facility will receive reimbursement at the nursing level-of-care rate for both clients. This policy shall be in effect in regard to long-term nursing care and other levels of residential care in facilities with both nursing care and residential units.